



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/593,380	
Confirmation Number		
Filing Date	with an effective filing date of January 29, 2005	
First Named Inventor	Peter ZIEMER	
Group Art Unit	3656	
Examiner Name	Phillip A. JOHNSON	Fax: (571) 273-8300
Total No. of Pages in this Submission: 14	Attorney Docket Number ZAHFRI P887US	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$810.00	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Response [9] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request (in Duplicate)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination 1pg (in duplicate) Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

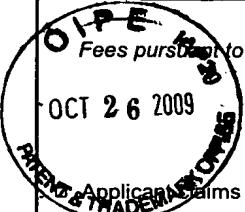
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	October 22, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on October 22, 2009.

Signature		Date: October 22, 2009 (amp)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>OCT 26 2009 FEE TRANSMITTAL For FY 2008</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		Complete if Known																																																							
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METHOD OF PAYMENT (check all that apply)																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u>		Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C.</u>																																																							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																									
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																									
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3. APPLICATION SIZE FEE																																																									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
$\text{Total Sheets} - 100 = \frac{\text{Extra Sheets}}{750} = \frac{\text{No. of each additional 50 or fraction thereof (round up to a whole number)} \times \text{Fee ($)}}{\$270/\$135} = \frac{\text{Fee Paid ($)}}{\text{Fee ($)}}$																																																									
4. OTHER FEE(S)																																																									
Non-English Specification, \$130 fee (no small entity discount) <u> </u> Fees Paid (\$)																																																									
Other (e.g., late filing surcharge): Request for Continued Examination <u> </u> \$810.00																																																									
SUBMITTED BY																																																									
Signature			Telephone (603) 226-7490																																																						
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: October 22, 2009																																																						

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$810.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/593,380
with an effective filing date of
January 29, 2005
Peter ZIEMER
Phillip A. JOHNSON
3656

Attorney Docket No.

ZAHFRI P887US

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
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<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x <u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x <u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of independent claims paid for, if greater than 3.

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<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> x <u>No. of each additional 50 or fraction thereof</u> =	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
	(round up to a whole number) x	\$270/\$135 =

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Request for Continued Examination

\$810.00

SUBMITTED BY

<u>Signature</u>		<u>Telephone</u> (603) 226-7490
<u>Name (Print/Type)</u>	Michael J. Bujold	<u>Registration No.</u> (Atty/Agent) 32,018 <u>Date</u> : October 22, 2009